

## JC03 Rec'd PCT/PTO 1 1 OCT 2895

PTO/SB/82 (04-05)
Approved for use through 11/30/2005. OMB 0651-0035
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| Application Number                         | 10/533,123                                  |
| Filing Date                                | April 29, 2005                              |
| First Named Inventor                       | Myung-Hwan PARK et al.                      |
| Art Unit                                   | TBD   |
| Examiner Name                              | TBD   |
| Attorney Docket Number                     | 42194-0003                                  |

| I hereby revoke all previous powers of attorney given in the above-identified application.   |                               |          |   |         |          |                |        |        |
|--|-------------------------------|----------|---|---------|----------|----------------|--------|--------|
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| I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  |                               |          |   |         |          |                |        |        |
| O: 4   |                               | SIGNATUI | RE of Applican                                | t or As | signee o | f Record       |        |        |
| Signature  | DP                            | rrk Ji   | 2NG   | WO      | OK       |                |        |        |
| Name   | Jong Wook P                   | ARK      | , <u>, , , , , , , , , , , , , , , , , , </u> | 1 -     |          | <del>-  </del> |        |        |
| Date   | 227                           |          | 15  |         | elephone | 82-2-3450-     |        |        |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |                               |          |   |         |          |                |        |        |
| *Total o   | *Total offorms are submitted. |          |   |         |          |                |        |        |

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PTO/SB/96 (09-04)
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| STATEMENT UNDER 37 CFR 3.73(b)   |   |
|--|---|
| Applicant/Patent Owner: Myung-Hwan PARK et al.   |   |
| Application No./Patent No.: 10/533,123 Filed/Issue Date: April 29, 2005  |   |
| Entitled: POLYURETHANE FOAM DRESSING FOR WOUND FILLER AND METHOD FOR MANUFACT  | URING THEREOF                           |
| BIOPOL CO., LTD.  (Name of Assignee)  , a Corporation  (Type of Assignee, e.g., corporation, partnership   | p, university, government agency, etc.) |
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| 2. an assignee of less than the entire right, title and interest.  The extent (by percentage) of its ownership interest is %   |   |
| in the patent application/patent identified above by virtue of either:   |   |
| A. An assignment from the inventor(s) of the patent application/patent identified above. The in the United States Patent and Trademark Office at Reel, Frame, thereof is attached.   |   |
| OR  B. A chain of title from the inventor(s), of the patent application/patent identified above, to the below:   | he current assignee as shown            |
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| Additional documents in the chain of title are listed on a supplemental sheet.   |   |
| Copies of assignments or other documents in the chain of title are attached.  [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the MPEP 302.08] |   |
| The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.  Signature   | 1005, 9, 16-                            |
| Jong-Wook PARK   | 82-2-3450-4245                          |
| Printed or Typed Name  | Telephone Number                        |
| President Title  |   |

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|   | Application Number  | 10/531,262     |  |  |  |
|   | Filing Date   | April 13, 2005 |  |  |  |
|   | First Named Inventor  | Song-Ho LEE    |  |  |  |
| : | Art Unit  | TBD            |  |  |  |
|   | Examiner Name   | TBD            |  |  |  |
|   | Attorney Docket Number  | 42149-0002     |  |  |  |

| I hereby revoke all previous powers of attorney given in the above-identified application.   |  |                    |                |                                       |          |                |  |
|--|--|--------------------|----------------|---------------------------------------|----------|----------------|--|
|  | orney is submitted he                              |                    |                |                                       |          |                |  |
| <i>OR</i> ✓ I hereby appo  | nt the practitioners a                             | ssociated with the | Customer Num   | ber:                                  | 56100    |                |  |
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| I am the:  |  |                    | Linaii         |                                       | <u> </u> |                |  |
| Applicant/Inv  | entor.   |                    |                |                                       |          |                |  |
| Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  |  |                    |                |                                       |          |                |  |
|  | SIGNATU  | RE of Applicant of | or Assignee of | Record                                |          |                |  |
| Signature 0  | 113  |                    |                | <u>-</u>                              |          |                |  |
| Name Song-Ho   |  |                    | Tolonhone      | <del></del>                           |          |                |  |
| Date August 3  |  |                    | Telephone      | 82-2-572-8643                         |          | - 4h en        |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |  |                    |                |                                       |          |                |  |
| *Total offorms are submitted.  |  |                    |                |                                       |          |                |  |

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